PTO/SB/17 (10-08)
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Under the Paperwork F	Reduction Act of 19	95, no person are re	equired to	respond to a collection				control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known					
						10/591,353-Conf. #9553			
						December 27, 2006			
				THE THE PROPERTY OF THE PROPER		Naoki KANADA			
						J. E. Dean			
Applicant claims small entity status. See 37 CFR 1.27			····	Art Unit		2617			
TOTAL AMOUNT OF PAYMENT (\$) 1,		(\$) 1,110.0	0	Attorney Docket	No. 2565-0300PUS		S1		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-io	lentified deposit	account, the Di	rector is	hereby authorize	ed to: (ched	ck all that apply))		
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION		and 1.17							
1. BASIC FILING, SEAF		MINATION FEE	s						
I. DAGIO I IZINO, OZAI		NG FEES		ARCH FEES	EXAMIN	NATION FEES	3		
A		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees F	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70		7.0.4	
Plant	220	110	330	165	170	85	-		
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims			Fee Paid (\$)		M	lultiple Depend	lent Claims	i	
13 -20 or HP		(=	-		_		Fee Paid (\$		
HP = highest number of total									
Indep. Claims				Fee Paid (\$)					
88 or HP =									
HP = highest number of inde	pendent claims pai	d for, if greater than	3.						
3. APPLICATION SIZE		1100 1	c		' 11 6"	1 1			
If the specification and listings under 37 CF								1	
sheets or fraction th					Oi Siliali Ci	ility) for cacif a	idditional 5	,	
Total Sheets	Extra Sheets			dditional 50 or frac	tion thereo	f Fee (\$)	Fee I	Paid (\$)	
		/50 =		(round up to a who	le number)		=		
4. OTHER FEE(S)		***************************************		•	·		Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month \$1,110.00									
SUBMITTED BY	-/10								
Signature	an Ill	世47.30 9	<u> </u>	Registration No. (Attorney/Agent)	29,680	Telephone	(703) 205-8000		
Name (Print/Type) Michael K. Mutter						Date February 19, 2010			
Ma. ()						-			